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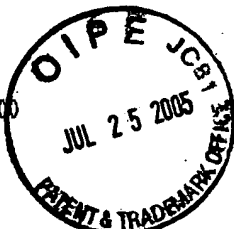
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29177 7590 04/28/2005

BELL, BOYD & LLOYD, LLC
 P. O. BOX 1135
 CHICAGO, IL 60690-1135

Repln. Ref: 07/26/2005 SDENB082 0010064900
 DA# 021818 Name/Number: 09763348
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Heather Foster	(Depositor's name)
<i>Heather Foster</i>	(Signature)
July 22, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/763,348	02/20/2001	Paul Kunisch	0112740-153	4690

TITLE OF INVENTION: METHOD FOR OPTIMIZING THE TRANSMISSION PROPERTIES AND THE POWER LOSS OF A HIGH-VOLTAGE PART WHICH IS INTEGRATED IN A SUBSCRIBER CONNECTION CIRCUIT FOR CONNECTING A SUBSCRIBER CONNECTION LINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAROLD, JEFFEREY F	2644	379-399010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bell, Boyd & Lloyd LLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Aktiengesellschaft

Muenchen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 2

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- ☒ A check in the amount of the fee(s) is enclosed. ***For Deficiency Only**
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Patricia Kane Schmidt

Date July 22, 2005

Typed or printed name Patricia Kane Schmidt

Registration No. 46,446

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